

3rd Annual Saint Cloud VA Summer Games Event



Registration Form

Saturday, August 5th

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
St. Cloud VA Health Care System

Veteran's Information

(Please Print)

Last Name:		First Name:	
Date of Birth: <i>(DD/MM/YYYY)</i>	Age:	Sex: <i>(Circle One)</i> Male Female	
Do you use a device for assistance? <i>(Circle One)</i> Wheelchair Walker Scooter Prosthetic Cane Other <i>(Please Specify)</i>			
Street Address:		P.O. Box:	
City:	State:	Zip Code:	
Last 4 of Social Security #:	Home Phone Number:	Mobile Phone Number:	
Do you currently receive care from the St. Cloud VA? <i>(Circle One)</i> Yes No			
If you answered no, which VA location do you currently receive care from?			

Event Registration

Please check which event you are registering to participate in: <i>(Each Veteran may only choose one event)</i>						
Badminton <input type="radio"/>	Weightlifting <input type="radio"/>	Horseshoes <input type="radio"/>	Billiards/Pool <input type="radio"/>	Rowing <input type="radio"/>	Table Tennis <input type="radio"/>	1 Mile Walk/Run/Roll <input type="radio"/>
Which division of your event will you be participating in? <i>(Circle One)</i> Wheelchair Ambulatory						
Shirt Size: <i>(Circle One)</i> Small Medium Large X-Large XX-Large 3X 4X 5X						

In Case of Emergency

Name of Emergency Contact:	Relationship:
Home Phone Number:	Mobile/Work Phone Number:
I understand that I am willingly participating in this event at my own risk: <i>(Circle One)</i> Yes No	
Veteran's Signature: <i>(Please Sign and Date)</i>	Date:

Schedule of Events

8:00-9:00 AM	<u>REGISTRATION/PICK UP BIB NUMBERS</u>
9:00	<u>1 MILE WALK/RUN/ROLL</u>
9:30	<u>OPENING CEREMONY</u> NATIONAL ANTHEM ATHLETE DEBRIEFING 1 MILE WALK/RUN/ROLL AWARDS ANNOUNCEMENT OF EVENTS
10:00	<u>EVENT COMPETITIONS</u> HORSESHOES ROWING WEIGHTLIFTING BADMINTON BILLIARDS/POOL TABLE TENNIS
12:00	<u>LUNCH PROVIDED</u>
12:30	<u>FINAL COMPETITIONS</u>
2:00	<u>AWARDS CEREMONY</u>

Please turn in registration forms by Tuesday, August 1st. Registration forms can be turned in to Leah Egan at the St. Cloud VA Medical Center Fitness Clinic in Bldg. 48 Rm. 16 or by mail to the following address:

**Attn: Leah Egan
Bldg. 48 Fitness Clinic
4801 Veterans Drive
St. Cloud, MN 56303**

Reminder: Registration is limited to a specific number of participants. Lunch will be provided to athletes on the day of the event. For more details, rules or regulations, contact Leah Egan at (320) 252-1670 Ext. 6180